

A JOURNAL FOR NURSES



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A Statement of Policy

The profession of nursing is and always has been allied to the practice of medicine. The growth, efficiency and progress of one is interdependent upon the other.

Medicine has always had available to it a profusion of journals. These journals have effectively interpreted and anticipated beneficial trends as they have affected that profession. They have made this information known to ALL physicians. The results of this coordination among all members of the medical profession cannot be overlooked.

For too long a period nursing has been without a similar influence in its progress.

Today nursing has many vital problems. Only through the expressed will of the rank and file of nurses can the correct answer to these problems be arrived at.

It is the purpose of the publishers to reach intelligently the great mass of registered nurses in this country.

Asking no favor from any organized group, institution or political ism, the editors propose to present each month truly—*A Journal for Nurses*. *R.N.* will at all times be constructive in its ideas—it will strive continually to be practical—it will persist in its effort to be both sane and human—it will persevere in its desire to further the progress of the fine profession of nursing.

—The Publishers

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Debits and Credits

More talk about nursing has reached the public and the public press these past several months than for many a long night of waiting. It would almost seem that at last the laity is beginning to awaken to a new consciousness of the nurse as an individual, not just an automaton with a charming bedside manner.

* * *

A little over a year ago, Ordway Tead, nationally-known sociologist and editor of Harper's Magazine, addressed an Institute session of registered nurses in New York City. Nurses, he said, were professionally thirty years behind the times. He didn't mean that we were still using post-Victorian methods of nursing procedure, nor that we had not progressed in skill and technique and in academic training. But in the general economic advancement of the country, he felt, nursing has been much slower to put itself across than any of the other professions, trades, or industries.

* * *

We have always been reluctant, of course, to think of nursing as a commodity. . . . Even more reluctant to interpret that commodity to consumer-patients.

* * *

Beset by tradition, we have taken into our stiffly-starched bosoms the flower of Miss Nightingale's self-sacrifice, forgetting that the dear lady was one of the ablest saleswomen of all times. . . . We have been carried along by the ideal of her service—yet she could have performed no service at all without the persuasive persistence which marks all successful merchandisers, even today.

Of course, our problems today do not even remotely resemble those of the Florence Nightingale era. Hers was a crusade to win public opinion over to the value of women as *nurses*. . . . Ours is a crusade to enlist public sympathy for nurses as *women*.

* * *

No one today challenges the importance of good nursing care. The public is too health-conscious to accept anything but the best treatment possible when life hangs in the balance. It's part of the general trend nowadays toward quality products and Grade A service.

* * *

But we ourselves have been slow to present the "human" side of the work we do and its effect on ourselves. Considering the depth of our self-inflicted illusion that we must give all and ask no rewards for such virtue, it's a wonder the public has caught on at all.

* * *

We can thank the Ordway Teads, male and female, for the signs of "outside" interest which now begin to loom along the rim of our too-antiseptic horizons. But surely, the pressure for understanding of nurses as people must come from within our own ranks, as well as from without. It begins with self-understanding, of course; but it goes further than that.

* * *

It means a knowledge of life-beyond-nursing, a sense of perspective regarding our own position in the broad scheme of existence. Fewer all-medical topics on the agenda of our organization programs, and more time for the expression

MU



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of our private enthusiasms and interests, would go far toward eliminating the dull-Nellie state of mind in which we find ourselves most of the time. It would do much likewise to demonstrate to the public that we are capable of living intelligently outside the sickroom.

* * *

From all over the country come reports of the favorable response of lay groups to our current lusty infant, the eight-hour day. Cooperative activity similarly surges in states where nursing legislation has been under way. Hospital boards, especially in New York, are appointing legislative committees to cooperate with nurse committees. Welfare organizations and women's groups give time on their programs for consideration of bills which will improve working conditions, shorten hours, or increase the salaries of nurses.

* * *

Loudest among our other outcries is the plea for more satisfactory living arrangements—away from the hospital—and a reasonable “up” in salaries to compensate for lack of maintenance. . . . Here is another spot where lay understanding and support can help persuade hospital administrators.

* * *

As a matter of fact, sometimes it would seem that we bend *too* far backward in our efforts to follow The Nightingale Example as we think of it today.

* * *

Tradition, after all, is only of value when it proves useful . . . when it makes life richer, or living simpler.

* * *

Nursing has a noble heritage; no one denies that. But do we not ourselves, in our humble, conservative way, sometimes refuse to make use of it? Perhaps

“*the meek shall inherit the earth*” was literal truth a thousand years ago. But today we have cluttered and complicated the world with a swarm of conventions. And the new order says, “the meek shall inherit conventions . . . and the earth shall inherit the meek.”

* * *

No one with an ounce of common sense would urge nurses to “go theatrical” in an effort to win public audience. Ours is a subtler, more intelligent approach than that. It must be admitted, however, that we live now in an age of *practical* idealism. The wishful thinkers have no more place in nursing than in modern business. Progress demands that the dreamers give way to the men and women who can mold reality out of a dream.

* * *

Miss Nightingale herself was essentially a woman of action. No idle visionary, she could foresee a need and coordinate her forces to meet it.

* * *

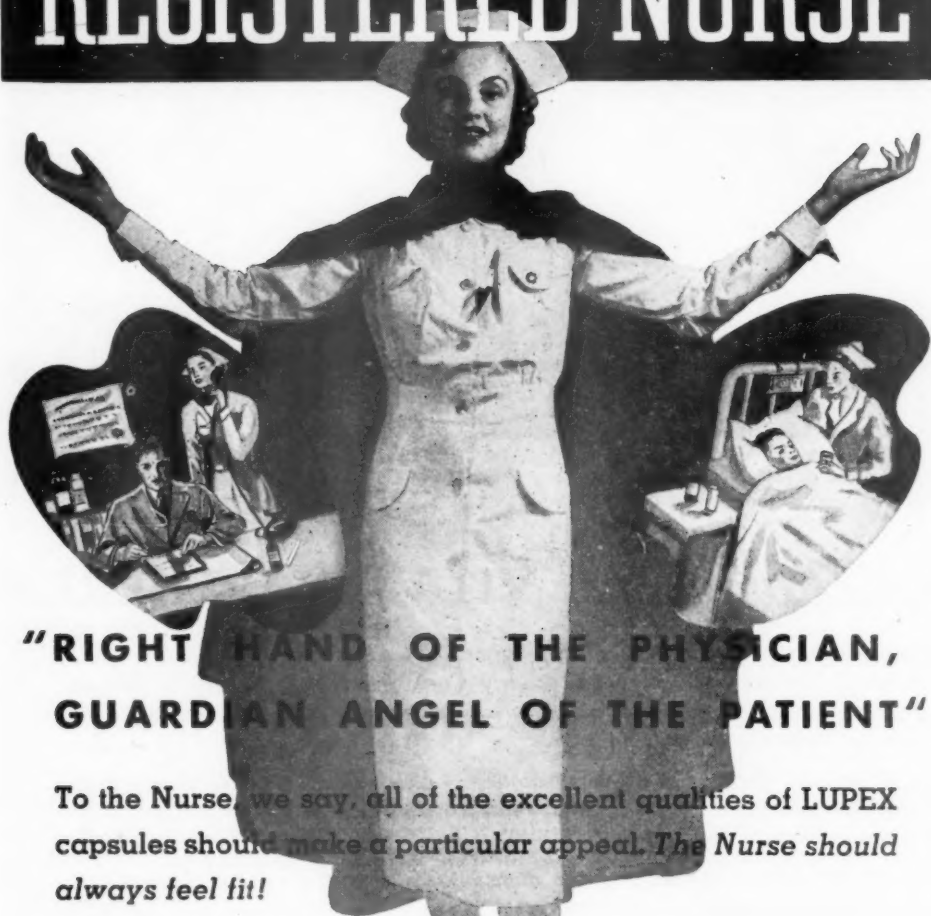
In our enthusiasm to give adequate care to the sick, we make the mistake of ignoring the important fact that the patient's sense of well-being depends a great deal on our own.

* * *

It falls, therefore, to each one of us—and through us to our district, state, and national organizations—to keep “the ball rolling.” A good beginning has been made; yes. But it is only a beginning. The public seems ripe to take us on, if we will only get the facts before them. Maybe a “Wake Up and Live” attitude is in order now, instead of our usual quiet acceptance. . . . Or, what do *you* think?

—The Accountant

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The Price is not too great

by Herbert N. Morford

Here is the "man bite dog" idea in a new dress. If a nurse had written this article it would hardly be news—but coming from a hospital superintendent—it IS news!

Mr. Morford has already put into practice at Prospect Heights Hospital in Brooklyn some of the theories outlined in his article. Living conditions have been made most attractive, as the accompanying photographs show; the hospital provides the opportunity for further study either at the hospital or in one of the universities; and whenever possible nurses are placed in the department in which they are most interested and can do the best work.

Are the results worth while? Here's how Mr. Morford sums it up: "There can be no more worthy object of those in hospital administration than that of a stabilized general duty nursing staff. It can be attained—and the price is not too great."

One of the "hardy perennials" in the hospital field today is the problem of stabilizing the general duty nursing service. It is within this group that we find a great turnover in personnel, which is unsatisfactory to the patient, the doctor and the hospital administration. Yet with the closing of many schools of nursing and the difficulty which many small hospitals face in securing a large class of student nurses, the need for graduate nurses for general duty is ever-increasing. Our problems are, first, how to secure graduate general duty nurses and, second, how to keep them after their initial employment.

The question immediately arises as to why the general duty nurse resigns. Surely there must be some underlying reason why young women engaged in this type of service find it necessary to move from hospital to hospital. A casual answer might be that the "floater" or roving type of person enters this work and naturally becomes restless in a short time and wants to move on; or, in the case of hospitals in large metropolitan

areas, girls from the "hinterlands" having a desire "to see the city" come for employment and move from place to place, gathering experience and "sight-seeing" as they go. However, this is unfair to the great number of general duty nurses who have a right to expect certain things from the institution which employs them and are justified in leaving if they do not receive them.

NEED FOR BETTER LIVING CONDITIONS

We believe that a pleasant living environment will do much to make a nurse feel at home. We have no right to take a young woman from a home of culture and place her in a "nurses' home" that is poorly kept, with old furniture and dilapidated paint, and where she may have to share a room with several others. Money spent in making the residence hall for nurses attractive will bring increased dividends in a stabilized nursing service.

Along with the problem of living quarters goes the question of food. Nurses who have to spend a consider-

able portion of each pay check in supplementing their diet will soon move to a hospital that serves adequate meals. To be sure, a meal outside once in a while is always a pleasant treat, but these excursions should be in the way of recreation and not necessity.

It is the writer's opinion that after a nurse has been on duty for three or four hours she is entitled at meal-time to a pleasant, airy dining-room and to meals served by a waitress neatly attired. The cafeteria system is an economical way of serving, and the food is kept hot or cold, as the case may be, more conveniently than in a dining-room where there are waitresses. It would seem, however, that our general duty nurses will go back to their floors more refreshed and with a better feeling toward the institution that employs them if they do not have to stand in line before a steam table. Meal-time can be a period of rest and refreshment in a pleasant dining-room.

FINANCIAL OPPORTUNITIES

Salaries, of course, should be adequate and in accord with the average paid in the general locality in which the hospital is situated. So often a general duty nurse feels she is on a "dead end" street. There is not much opportunity for an increase in salary or for personal advancement. This, however, can be overcome by a graduated salary scale, which is fully explained to the applicants for general duty nursing.

Then, too, no hospital, even those without schools of nursing, need feel that they have no responsibility for teaching. There is always opportunity for staff education. One hospital gives its graduate staff a course in public speaking, another a course in child psychology, and still another helps the general duty nurses to prepare for some specialized field. In short, let us give the nurse on general duty a sense of stability and security both through adequate compensation for her services and



through an opportunity to grow mentally.

The governmental hospitals (city, state and national) are drawing, in certain sections of the country, many nurses from voluntary hospitals. Many of these institutions are offering their nurses a straight eight-hour day, an adequate salary with an extra allowance for living out. In addition there is the opportunity of a pension at the end of a reasonable length of service. Whether we like it or not, many of us have to compete with the economic security offered by a government-run hospital. This can be done only by an effort towards establishing an eight-hour day, paying adequate salaries and providing for some kind of old-age pension or insurance.

Many hospitals are establishing the group life insurance plan, whereby the employe pays a part and the hospital pays a part of the life insurance premium. The cost of insurance in a group plan is very small both for the employe and the hospital, yet it gives the former a sense of security, at least as long as she remains in the employ of the institution. This in turn should help to decrease the turnover of employes—they hesitate to leave since they do not wish to lose their insurance.

VACATIONS

General duty nursing is an arduous task, with no time off between cases,

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hence a hospital that wishes to keep its staff intact should provide for an adequate vacation—at least four weeks for every twelve months of service. In addition, extra time should be allowed on all holidays, with special leaves occasionally for those who live at a distance and “haven’t been home for Christmas in years.” It is often the little courtesies and privileges that count the most and cement the friendship and loyalty of the general duty nurse to the hospital by which she is employed. A sufficient sick leave should also be provided. Two weeks with pay after six months of service is a fair plan.



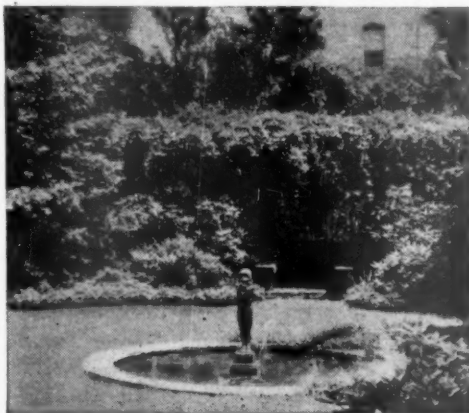
We think of a hospital being well equipped in order to render proper and efficient care to its patients and to satisfy the most exacting demands of its physicians, but let us add one more reason for keeping our equipment and supplies adequate—that is, to keep the general duty nurse on duty. No nurse in this day will long remain in an institution where she has to struggle to procure the necessary supplies and makeshift with inadequate equipment. Linen and all medical and surgical supplies should be of suf-

ficient quantity and quality to enable the nurse to care for her patient without undue delay. It has been known that nurses have resigned their positions rather than struggle on in a situation where they were expected to give good care to their patients with inadequate and insufficient supplies.

IS THE COST TOO HIGH?

The cry may be raised that these suggestions to stabilize the nursing service are too costly. It is expensive to redecorate the nurses' home, to serve good food in an attractive dining-room, to give a four weeks' vacation; yet it is infinitely more expensive to have a continual turnover in the general duty nursing staff. Very often the new nurse, if one can be had, must come on duty a day or so before her predecessor leaves, and the hospital is paying two salaries for the services of practically one nurse. Do this several times a month and see what happens to the nursing budget. A large turnover in the nursing service is particularly disquieting to the doctors and not infrequently to the patients.

Nothing worthwhile is attained without a price, and surely the demands of the graduate general duty nurse are not too great. They have a right to demand a wholesome environment in which to live and work with a reasonable assurance of economic security and sufficient leisure to make life worth while.



The photograph at the top of page 12 shows a group of nurses being served in the dining room at Prospect Heights Hospital in Brooklyn. The other photographs show one of the attractive rooms in the nurses' home at this hospital, and the garden where the nurses can spend their leisure time.



Fly

to Success

by **Thelma Fuller, R.N.**

THE RAPID PROGRESS in aviation has meant that there is an increasing demand for professionally trained men and women. This is particularly true in the fields of medicine and nursing. For years the field of nursing was confined to administering to the sick, in one way or another. But with the trend toward faster and better transportation, aviation has opened to the nurse new opportunities.

Registered nurses are employed as stewardesses on the passenger planes not only for their knowledge and skill in nursing but for their ability to deal with emergencies and their strict and thorough training in carrying out orders and accepting responsibility. Because the word "nurse" suggests to most individuals, hospitals and pain and sickness, the words "stewardess" and "hostess" were adopted by the airlines to convey to the traveling public the idea of comfort, friendliness and service.

What are the qualifications for a stewardess? She must, of course, have

"Flying high above the crest of the clouds gives one the feeling of untold happiness. Worries, cares and troubles are forgotten as one looks out on a fairy world of peaceful white cloud formations . . . one enjoys the loss of contact with the outside world and seems to be moving in a world far away."

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her R.N. degree. She must be between twenty-one and twenty-six years of age, preference being given to those between twenty-four and twenty-five years of age because of their additional experience and poise and confidence. Stewardesses on the day runs cannot weigh more than 110 pounds or be more than 5' 4" tall, although those in the sleeper planes can be 5' 5" and weigh 120 pounds because their duties are harder. Hundreds of applications of girls filling the above requirements are on file, but the airlines are looking for hundreds more, since all these girls cannot meet what the airlines consider the most important of all qualifications—personality. Personality, according to the definition of the airlines, includes neatness, good appearance, and ability to converse with all types of passengers, and above all, the ability to deal with the public.

TRAINING AS A STEWARDESS

After being accepted, the nurse receives from four to six weeks of schooling in order that she can give interesting and correct information concerning air transportation. She takes courses in air traffic control, radio, weather, maps and timetables, and learns the various parts of the plane. If she passes the examination with a grade of 100% she is sent on her observation trip under the supervision of an experienced stewardess who teaches her to check equipment and passengers and to learn the terrain. Continuous study is necessary for a stewardess, and after the initial training period classes are held every two weeks.

The stewardess reports to the airport one hour prior to the time scheduled for departure. She finds out about the weather so that she can answer questions as to the kind of weather, whether the plane will fly above, through or below the overcast, speed of winds, decrease or

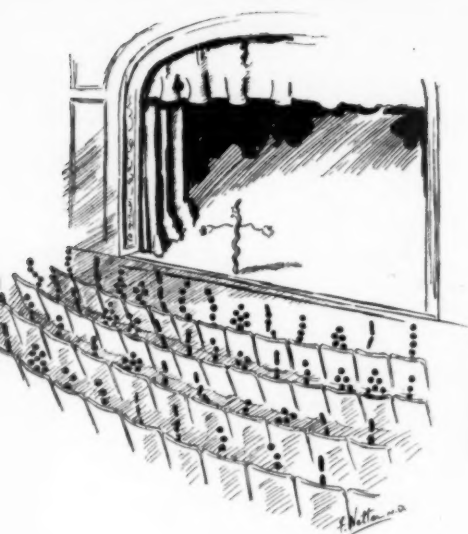
increase in speed, etc. The ship must then be checked, and the stewardess signs for all equipment—first aid kit, towels, soap, magazines, newspapers, cigarettes, food, trays, dishes, etc.—and is held responsible for this equipment until it is signed over at the terminating station.

One of the hardest jobs is checking in from 14 to 21 passengers and trying to remember their names and destinations. Fortunately, most of the stewardesses seem to be gifted with good memories. As the passengers are checked in and shown to the comfortably overstuffed seats the stewardess fastens the seat belt and takes the passengers' hats, coats and bundles, provides magazines, newspapers and cigarettes, and later serves meals. These meals are prepared on the ground and taken aboard in special containers. The American Airlines flagships have little kitchens from which the girls work. In the sleeper it is at the front of the plane; in the day planes at the rear. The sleeper planes have little tables which

(Continued on page 34)



Miss Thelma Fuller, one of the American Airlines stewardesses.



Meditations of a M

It often has occurred to me
That germs are just as slick as we,
In fact, a little slicker.
For what they know they don't divulge
And so, on us they "have the bulge"
And therein lies the sticker.

They do their work with neat dispatch;
You never feel them bite or scratch;
Their visit means—infections;
And when it comes to "raiding joints"
Their monument of skill oft points
To total loss of flexion.

And oft in fancy I can see
They hold conventions and agree
To ways of merchandising.
Some delegate will take the floor,
In harshest words you'll hear him score
Our ways of immunizing.

The Streptococcus loudly moans,
His pal, the "Staph," just feebly groans,
"I think they've got our number.
I see the writing on the wall.
When I the Typhoid's fate recall
I'm much disturbed in slumber."

And then the wily Spirochete
Arises slowly to his feet
And spills out this oration;
"My Cocci friends, Bacilli, too,
Now listen, while I speak to you
On 'Complement Fixation.'"

"Old Erlich, with his 'bag of tricks'
The chief of which is '606'
Imagined he had caught us.
Wherever he had gone to school
His teacher must have been a fool
Compared with him who taught us."

"But then he went to work again,
Gave '914' to doctor men
And Wassermann applauded.
Now Wassermann (to us, a 'sap')
Was heralded a clever chap
And every 'Yes-man' nodded.

"To us he was an 'Also-ran',
A lesser light than Salvarsan,
In fact, a benefaction.
Where we were guilty of offense
He could not furnish evidence
Of just a puny fraction."

Microbe Hunter

"Till days and weeks or months had
 flown,
He couldn't reap where we had sown;
 And all he'd tell our victim
Was, 'Positive reaction, lad,
Prognosis—nearly always—BAD,'
 So that's our famous dictum.

"The secret of our great success,
Though simple, you would never guess;
 But this is how we grapple;
We started when the world began
With just one woman and one man
 We baited with an apple.

"Old Eve and Adam were the first
In 'petting ways' so highly versed
 To nibble at a sample.
Now that old team was mighty cute,
They called their 'necking'—
 'eating fruit'
 They set a bad example.

"They rolled our apples o'er the moss,
So now, you know why 'applesauce'
 Is just a splendid token
Of stories we do not believe
But just intended to deceive—
 A subtle form of jokin'.

"And soon that couple had to squirm,
For in each apple was a worm
 Of Spirochaetal issue.
Our offspring are so versatile
They quickly make their domicile
 In each and every tissue.

"So let this motto be your guide—
ACTIVITIES DIVERSIFIED.

 Thus joys become supernal.
And once you learn that lesson, friends,
The secret of existence ends,
 And life becomes eternal."

New officers were then installed.
For president—just one name called,
 And there were no objections:
The Treponema Pallidum,
Or just plain "Spirochete" to some,
 That king of all infections.

W. J. Sharman, M.D.



● It was back in the days when you ran around in pig-tails and short dresses. The youngsters used to play in your back yard after school.

Annie Rosencranz was invariably there. Remember Annie? Annie was an axe-grinder, and a good one. Her formula had the twin virtues of simplicity and efficacy: *To get what you want, simply yell louder and longer than anyone else.*

Times haven't changed much. The grown-up Toms, Dicks, and Annies of today—though in the minority—still shout the loudest. Which explains why they often achieve their ends against a numerically larger but less articulate opposition.

The fracas over socialized medicine is a perfect case in point. From a tiny coterie of paid reformers and axe-grinders comes most of the sound and fury. With only a few exceptions, that great body of nurses and other professional people who represent the *status quo* in

medicine appear to have their lips glued tightly shut.

Silence may, in this instance, bespeak dignity. But it doesn't get results. The healing professions need a few shouting Annies of their own.

Health insurance (or, more properly, *sickness tax*) bills have already been introduced in the United States Senate and in a number of state legislatures.* None has been passed yet, it's true. But as long as such bills continue to receive serious attention, private nursing will enjoy only Humpty Dumpty security.

If state medicine were to gain a foothold in the United States, what immediate effect would it have on the nurse?

Temporarily, she would appear to benefit from it. Cases would be more plentiful and of longer duration. This veneer of prosperity would soon begin to peel off, however; and as it did, the drawbacks of the system would be clearly exposed. To cite a few:

1. Cut-rate fees (government pay is

It Will Happen Here—

Unless

by William Alan Richardson



Mr. Richardson is well qualified to write on the subject of socialized medicine. As managing editor of *Medical Economics*, the business paper of the medical profession, he has done considerable research in this subject. We feel that his article will be of tremendous interest to nurses, who are vitally concerned in a set-up such as socialized medicine would bring about.

traditionally less than that afforded by private enterprise);

2. Widespread malingering (with its strain on the nurse's time and energy);

3. Deterioration of standards (through lack of incentive to advance professionally);

4. A back-breaking volume of work (caused by the patient's attitude, "I'm paying for it, so I intend to get what's coming to me").

The various health insurance bills now being considered propose a system under which all persons earning less than about \$3,000 a year would receive essential medical services and cash benefits for loss of income during illness.

The system would begin by affecting some 26,000,000 people (the same low-income group now covered by other branches of social security). But with the passage of time, it might readily expand to cover 60,000,000 or more. In that event, the scheme would be even more inclusive than the one found in England, which embraces some 39% of the population.

(Continued on page 38)

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Make-up AND LIVE!

by **Ethel Peppard Hobbs, R.N.**
Guest Editor

Two o'clock! I had just two hours to drive out to the hospital and "fix up" some of my patients for the weekly tea at the psychiatric hospital. Of course it was really my day off duty, but twenty-year-old Maria Contelli had begged me to come back and wave her hair, and I knew that if I weren't on hand to prod homely old Jennie Wye into going to the tea she would mope in a corner all afternoon. Jennie wasn't what you would call a self-starter, but put a little rouge on

her cheeks and a touch of lipstick on her lips, tell her how well she looked—and how she would perk up, unless of course she was having one of her "bad" days, when nothing would rouse her. It has often occurred to me that pride in our appearance is one of the last things we lose—even a psychiatric patient feels better when she knows she is pleasing to the eye.

To the layman it may seem odd that a touch of rouge or lipstick or a new type of nail polish would lift the spirits of an amnesia patient who cannot speak and who has lost almost all touch with the world around her, or that an exotic perfume or a new hair-do would bring the dementia praecox-catatonic patient back to normal for a time. But those things do happen and happen regularly, as any nurse in a psychiatric institution knows.

Then, too, most outsiders have the idea that psychiatric patients are of the violent type and loathsome to look upon. That is not true. Only a very small percentage must be kept in solitary confinement, and the great majority when strolling the grounds of the hospital or playing bridge or attending a tea or a play seem like a well-bred, well-dressed group of persons anywhere. Make-up plays a large part in this, you can be sure. Many of the women have been smart and well groomed all their lives, and when they begin to lose all interest in their appearance the nurses and doctors feel that the patient is definitely on the down grade, so far as cure is concerned.

I had all these things in mind when I stopped for a traffic light and looked at some of the passersby. Drab, dull faces, many of them. Hair straggling down and an unbecoming hat parked carelessly on top of it. Some of them were evidently housewives whose every minute was

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crowded—but some time during the day couldn't they find time for just a little relaxing beauty treatment that would smooth out some of the wrinkles, lift the corners of the mouth, and add a little color to the sallow complexion? Wouldn't it be worth while not only to themselves but to those around them to look better and to feel better?

Of course there was another side to the question—some of these people had fundamental feature faults and might in time become so conscious of their badly shaped noses and sail-like ears that they would land in some psychiatric institution, unless the defects were remedied by skilful plastic surgery. We had had several patients of this type, and it was a marvellous satisfaction not only to them but to us to see them returned through good plastic surgery to normal social and business life.

Half an hour later I was at the hospital. Little Maria welcomed me with a wide smile. "I am to be one of the hostesses today," she said proudly, "and I want to look my best." So I tweezed her eyebrows into shape, arranged her soft black hair becomingly, and made up her lips with a vivid lipstick. Dressed in her new white dress and ready for the party she did not look at all like a dementia praecox patient and quite evidently she did not feel like one. She was a happy, normal girl, justly proud of her appearance.

Then I turned my attention to forty-seven-year-old Jennie Wye, who was a depressed patient. Jennie was sitting in a corner, dressed in an old, badly soiled frock. One stocking sagged, and her hair stood on end where she had run her fingers through it. "Jennie," I said, "aren't you going to the party?" The chief reason for having parties and other social events at these institutions is to

arouse the patients to an interest in life and to rid them of their asocial tendencies. Jennie didn't indicate that she had heard me. I tried again, with the same result. Then I took her comb and ran it gently through her hair. She promptly disarranged her hair. After a half-hour struggle I gave in—this was one of Jennie's "bad" days. She wanted to feel blue, she wanted to enjoy her private miseries. How did I know? Because when she wanted to feel well she was only too glad to have her hair combed, make-up applied, and a clean dress put on.

It is a matter of constant amazement and interest to me as a nurse to see how closely the matter of personal appearance is tied up with that of mental attitude and well-being. Frequently, as in catatonic patients, the words "Goodness, don't you look pretty!" are the only things that reach the consciousness of the patient.

There was, for example, Mrs. A., who was brought to the hospital suffering from amnesia and with no recollection of any event in her past life. She was unable to speak and nothing seemed to penetrate the thick veil that surrounded her until she learned gradually

(Continued on page 44)



12,000 A YEAR!

"Many too many"—says Louise Zabriskie, R.N.

*Field Director of Maternity
Center Association of
New York City*

Last year more than 12,000 women died in childbirth in America.

12,000! Just a few less than the entire population of Plymouth, Massachusetts; Palo Alto, California; Cairo, Illinois; or Key West, Florida. If any of these cities were wiped out by an earthquake or hurricane every paper in the United States would carry the appalling story with an eight-column headline.

But the equally appalling fact that at least 6,000 of these 12,000 deaths could easily be prevented through proper pre-natal care seldom makes the headlines. Why? Because while individual organizations throughout the United States are doing wonderful work in teaching pre-natal care, few of the larger public health agencies have made a sustained or concerted effort to bring home to the newspaper and magazine editors the dramatic news possibilities and the human interest stories behind these figures.

Perhaps the most outstanding publicity work being done along this line—work which could well be used as a model by other organizations—is that conducted under the auspices of the Maternity Center Association of New York City. Every year since 1922 this organization has made valiant efforts to arouse the public from a state of apathy to one of action in order that there may be better maternal health education and particularly more widespread

and much more intelligent pre-natal care.

Miss Zabriskie, whose book "Mother and Baby Care in Pictures" is known to almost every nurse, says, "As almost every nurse realizes, we need a nationwide newspaper campaign, similar to the campaigns on tuberculosis, cancer, automobile accidents, etc., to drive home to the people of the United States the fact that every year 12,000 mothers die in childbirth and 200,000 babies are either stillborn or die before they are a month old. If these figures could be hammered in—and people could be made to realize that by far the larger percentage of these deaths are preventable through adequate pre-natal care—the maternal death rate should automatically drop to around two per cent or even lower.

"It is a constant amazement to us that the average person knows so little about maternity care, the most important thing in the world! Only too often women who are otherwise well educated do not present themselves to a doctor for examination until they are far advanced in pregnancy and conditions have sometimes developed which the doctor cannot remedy and which make the patient a poor obstetrical risk. This false modesty is probably a carryover from the Victorian era, and it is about time that we got rid of it.

"We have seen how the death rate can be cut in contagious diseases, cancer and

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tuberculosis, while the maternal death rate has remained stationary for the past twenty years. I believe that a well prepared newspaper campaign at least once a year throughout the country might shock people into doing something about this state of affairs. Even with the comparatively small amount of publicity we have been able to carry on there has been a tremendous interest and a steadily increasing one. Many magazines in the past few years have carried fine articles stressing the need for better maternity care."

FIELD WORK OF THE ORGANIZATION

Through its own work with all types and classes of people, both in their homes and in the clinic, the Maternity Center Association is well aware of the need for more and better maternal health education—and for other practical education, such as sewing! Odd as it may seem, many women, even those from the poorest homes, have never learned to handle a needle so long as there was a pin handy or a tailor nearby.

The nurses teach these women to sew and knit clothes for their babies. The fathers, through the father's clubs conducted by the organization, learn to make baby furniture modeled on the lines of the approved furniture displayed in the offices of the association. Both parents are instructed in the fundamentals of hygiene and are told that a proper mental attitude is almost as important as good physical care. The prospective mother finds that good pre-natal care is a combination of nursing and medical supervision, and is impressed upon her that

she must keep regular appointments with the clinic, the doctor and the dentist. She is, of course, given complete directions as to diet and exercise.

That the work of the association has been highly successful goes without saying, for its methods are copied throughout the United States and every hospital hopes to bring its maternal death rate down to the 2 per cent of the association which is in marked contrast to the 6 per cent average for the country. These methods are outlined in the educational literature distributed in connection with the excellent publicity work which the organization is doing in behalf of the mothers and future mothers in America.

OUTLINE OF THE CAMPAIGNS

Each year since 1931 the association has conducted a publicity campaign which stressed some particular phase of



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maternity care. The first campaign in 1931 had for its slogan "Mother's Day—A Better Chance for Mothers" and the idea was driven home in newspapers and magazines, trade and association journals, radio talks, newsreels, lectures and car cards. Editors everywhere received free of charge all the material they



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would run, including electrotypes and stereotypes. Material was sent to societies and clubs, and some manufacturers cooperated by featuring in their advertisements the need for better maternity care. More than 700 kits of information on organizing local campaigns for better maternity care were sent to health departments and welfare organizations, nursing agencies, educational institutions, clergymen, and others interested in community welfare. What was the result? More than 700 letters requesting additional information were received from interested groups or persons!

The following year the association issued a pamphlet, "Facts for Editorial Comment" which was sent to every

newspaper and magazine in America. Another booklet, "A Message to Expectant Mothers and Fathers from the New York State Medical Society" went to the 28,000 practicing physicians in New York state, and many of them ordered additional copies for their patients. About 12,000 members of the medical profession in 38 States have ordered copies of this booklet.

The 1933 campaign reiterated the points brought out in the two previous campaigns and the response showed clearly the ever-increasing interest in maternity care. When the association was offered a booth free of charge at the World's Fair in Chicago it gladly accepted the opportunity to broaden the scope of its work. Nearly 200,000 persons entered the booth in addition to the thousands who looked at the display only from the outside. Many of these visitors came from small communities where they had little opportunity to familiarize themselves with the fundamentals of good maternity care or where such care frequently was not available. In this group were hundreds of the old school who believed that the delivery of the baby is the only important factor of pregnancy, and in many cases they learned the fallacy of these ideas. Others, who had heard about supervision during the maternity period but did not know why it was necessary, were enlightened. In the third group were teachers, clergymen, club women, physicians and nurses who were glad to avail themselves of the chance to receive information which would benefit their communities.

Incidentally the World's Fair exhibit showed the association that six things were helpful in teaching adequate maternity care to mixed groups:

1. Visual display with photographs s

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- the most satisfactory method to use in teaching the transient visitor.
2. Persons are more willing to seek advice and information from strangers than from those in their own communities.
 3. Distribute literature on request only—to those who need the information but who could not pay even a nominal charge.
 4. People like to receive free literature.
 5. Maternity care, from the personal and community standpoint, can be presented both to the most reticent and to the best informed by showing the positive aspects of the problem through photographs, literature and personal interviews.
 6. A well informed staff member should be on duty at all times.

The 1934 campaign was based on a study of and by the medical profession in which it was stated that the responsibility for many deaths in childbirth lies with the medical profession as a whole. A unique feature of this campaign was an appeal to men's clubs, urging them to interest themselves in better maternity care—and requests for literature and information poured in. A four-page circular "Make Maternity Safe" was sent to clubs, societies and health organizations.

The work of these four years had been so well done and so widespread that in 1935 it was felt that information on maternity care might well be made available to communities through public

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Editorial

The advent of fall marks an attack and a counter attack on the education of nurses. Administrative departments, in need of well prepared personnel, are urging as never before the importance to nurses of a college degree.

Admitting the trend, the question arises among employers and employees alike: does a liberal arts education for nurses actually contribute toward greater fulfillment for the individual, improved service, and increased utility to the public? If such is the case, what reasonable reward can nurses expect in return for time and effort spent in attaining a degree?

Many nurses are seeking college degrees in the hope of assuming roles of deepened social influence. Others are reinforcing their initial preparation in self defense with an eye toward security. They are using their summer vacations to sit in crowded classrooms with the thermometer climbing to torrid heights. They are traveling to classes after exacting days at a full-time position, with a fog of fatigue nullifying the vitalizing and inspirational qualities which this experience should yield. Many of them have resigned comfortable positions and accepted inferior posts to be within commuting distance of a university with a department of nursing education.

Under existing circumstances the nurse working for a degree is laboring under handicaps which tend to distort the values usually credited to a college education. While focusing all her spare time energy on the accumulation of certain information she is unable to participate in social and cultural activities which undoubtedly would make significant contributions to her professional preparation.

This state of affairs does the profession no good. Measures to alter the situation would depend on clarification of job requirements, and on establishing a distinction between positions which would benefit by a degree, and those which would not.

Registered nurses with the required fundamental training should fit into their proper classification with satisfaction to all concerned. Nurses who had supplemented their technical training with the broadened outlook and controlled thinking which a university education implies could

assume positions with more complicated requirements with reasonable assurance of functioning effectively.

What are we doing to help the women who are attempting to broaden their professional horizons while holding down useful positions? Frankly nothing, except in isolated cases. Some possible solutions are offered for consideration.

Why not keep these earnest students on a staff by giving them the necessary time for such pursuits in moderation? The amount represented by one afternoon's salary each week for each nurse studying professional subjects would be more than returned in loyalty, improved morale, and greater efficiency.

A leave of absence for attending summer school, frequently almost impossible to obtain, could be granted on request. It would be well in these instances to encourage nurses to take two additional weeks for rest and relaxation.

There might well be a salary scale with increments based on experience and college work accomplished in the field. This would serve the two-fold purpose of stimulating study and helping to make it possible. It is our opinion that salaries based on length of tenure as the determining factor are debilitating and pernicious. Salary scales which fail to take into account quality, productivity, and accomplishment can scarcely hope to function fairly, or to inspire a group of workers to its greatest possible attainment.

More hospitals, following the idea already adopted by a few institutions, might work out plans for part-time employment for nurses attending a university. The living conditions and hours of duty should be very carefully considered under such an arrangement.

Means by which nurses could be helped in the individual growth and professional development which a college degree generally connotes can no doubt be found in every organization. Such a turning back into the soil, to borrow a thought from Robert Frost, would certainly tend toward enrichment of our ranks and general advancement.

Ruby R. Freer

Nutrition *Briefs*

Nursing and nursing care have always been closely associated with nutrition and diet. Appreciating that fact we plan to present each month the latest advances in this important field. Each article briefed has been selected first for its practical value and secondly for its scientific source.

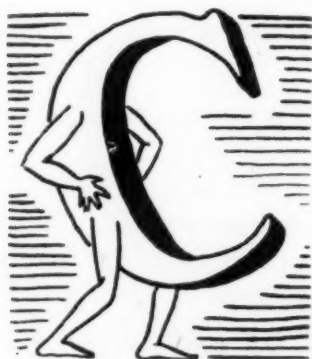
Tragic fate of drunkards is *alcoholic polyneuritis*. Its pitiful picture of muscular wasting and creeping paralysis has long been held up to startled young eyes as an object lesson against Demon Rum.

No longer, however, is alcohol considered etiologically responsible for polyneuritis. Rather, says vitamin pundit Eddy, the fault is due purely to dietary neglect. Bar-flies apparently strive to subsist solely on alcohol, with perhaps occasional sustenance from pretzels, herring, and other items that grace free-lunch counters. Result, serious deficiency of vitamin B₁, and consequent beri-beri-like symptoms of polyneuritis.

Successful treatment of stricken alcoholics is reported for the newly-discovered crystals of pure vitamin B₁. In advanced cases, where impaired intestinal absorption makes oral administration valueless, the vitamin is given intravenously.

Perhaps modern cocktail emporia, solicitous of clients' welfare, will now install bowls brimfull of vitamin B₁ alongside the pretzels and herring.

Eddy, W. H. and Dalldorf, G.; *The Avitaminoses*, Baltimore, The Williams and Wilkins Company, 1937, page 111.



Newest challenge to tuberculosis is cevitic acid (vitamin C). Urines of healthy individuals on adequate diets daily show an excretion of approximately 20 milligrams, of tuberculous patients only 3.6 to 8.7. Says Dr. Charles Petter, of Minnesota's Glen Lake Sanatorium, why not feed extra vitamin C to these patients?

Source of vitamin C in his study was Cal-C-Malt, which likewise provided supplementary calcium and vitamins B₁ and B₂ (G). Two heaping teaspoonfuls in seven ounces of milk, t.i.d., supplied 150 milligrams daily of cevitic acid. Weight and general condition were improved in 30 out of 49 adults, 21 out of 24 children. Too early to draw conclusions, cautions Dr. Petter, but worth trying, particularly in tuberculous children.

Petter, C. K.: *Vitamin C and Tuberculosis*. *Journal Lancet*, 57:5, May 1937.



Newborn infants on the bottle are being grossly overfed, thunders Bellevue's noted Charles Hendee Smith. Nature, in breast milk, provides only 30 calories per pound of body weight on the seventh day, does not reach the 45 calorie level until beginning of third week. Many artificial feeding methods, including some sponsored by commercial houses, seek to cram 45 calories per pound from the earliest days.

Surely, storms pediatric Smith, there is no logic nor excuse in offering a bottle baby two or three times as much as it gets from the breast! Proof: pediatricists daily encounter young infants with anorexia, vomiting, loose stools, colic, all due to unwise overfeeding in the critical newborn period. Remedy: weaker formulas during first two weeks.

Smith, C. H.: *The Diet of Infants: So. Med. Jour.* 30:6, June 1937, p. 650.

Joyce and Alidde, young daughters of a Wyoming rancher, probably clapped hands when Mother again served home-canned mushrooms for supper. Next evening Joyce lay dead, victim, not of mycetism, but of botulism. Alidde lingered a day longer, battling botulism's typical respiratory paralysis, died before botulinus antitoxin could be flown from Denver.

Fragments of the home-canned mushrooms, hitherto harmless, were popped into a sterile medium. After seven days' incubation at 37 C., each c.c. of the filtrate contained 10,000 minimum lethal doses of botulinus toxin, enough to strangle an army of Joyces and Aliddes.

Although rare (only one other reported case) botulism from home-canned mushrooms is possible, as rural nurses may well ponder when in areas where wild mushrooms are preserved by thrifty housewives. Lindsay, R. B., Newnam, J. R., and Hall, I.C.: *An Outbreak of Botulism in Wyoming, J.A.M.A.* 108:23, June 5, 1937, p. 1961.



Pete is the hired man at Farmer Jenkins', who never did take up with this new-fangled pasteurization. One morning Pete complains of sore throat, says it was all he could do to finish milking. The horror of a septic sore throat epidemic flames through your mind. What to do? Here's the method Uncle Sam suggests for home pasteurization of milk: Place the milk in an aluminum vessel on a hot flame and heat to 155 F., stirring constantly. Then immediately set the vessel in cold water and continue stirring until cool. *U.S. Public Health Reports*, 52: 131, 1937.

Calling All Nurses

The friendships we have formed in the profession of nursing are more than infrequently the closest and the most enduring we will ever have. Sometimes our "job" takes us to distant points. In an all too human manner we forget to write "that" letter. Years go by all too quickly but the bonds of friendship still exist.

It is the purpose of *R.N.* with its more than 100,000 circulation to be the means of bringing together again these "auld acquaintances."

We shall be pleased to insert any notice (space permitting) from a bona fide nurse seeking the whereabouts of another nurse. Please feel free to use this service. Naturally there is no charge.

"GOLDIE" LAFAYETTE: Please don't be disappointed. Everything is going to work out okay. Don't forget I still like you as much as ever. Be sure to write. Phoebe Fidler, c/o R.N.

MARGARET GILLIS: Graduated University of Michigan School of Nursing, '31. The gang want me to tell you we still have the "kitty" left over from last winter's bridge games. Come on home and we will spend it on a good show. Faye.

ADELAIDE MULVANEY (BRIGGS): Where, oh where, in Boston are you? The story about the boyish bob you gave yourself is still good for hysterics at Montefiore. Since you have my address, suppose you write me. Polly.

JOSEPHINE GREGG: Graduated Rochester General, 1924. We Rochester graduates ought to stick together better than we have. Remember our promise. Please write directly to me or to Helen. Ruby.

GERTRUDE GARDNER: Graduated from Buffalo City Hospital about 1924. Did district work with Public Health Nursing Association in Buffalo. The group that moved to New York City would like to know if there is any truth to the rumor you are to move to the Pacific Coast. Please write to any one of us. You have address.

IRENE LEVANDUSKY: Miss you terribly since your graduation. Don't forget our pleasant group. The dormitory seems like a morgue without you. Please don't fail to let us know where you finally locate.

ALICE TAMLIN: Graduated Newark (N.J.) City Hospital, 1912. Last heard of in Buffalo, New York. Any one knowing of Miss Tamlin's present location will do a big favor by advising Sylvia Gabrielle, c/o Metropolitan Hospital, Welfare Island, New York City.

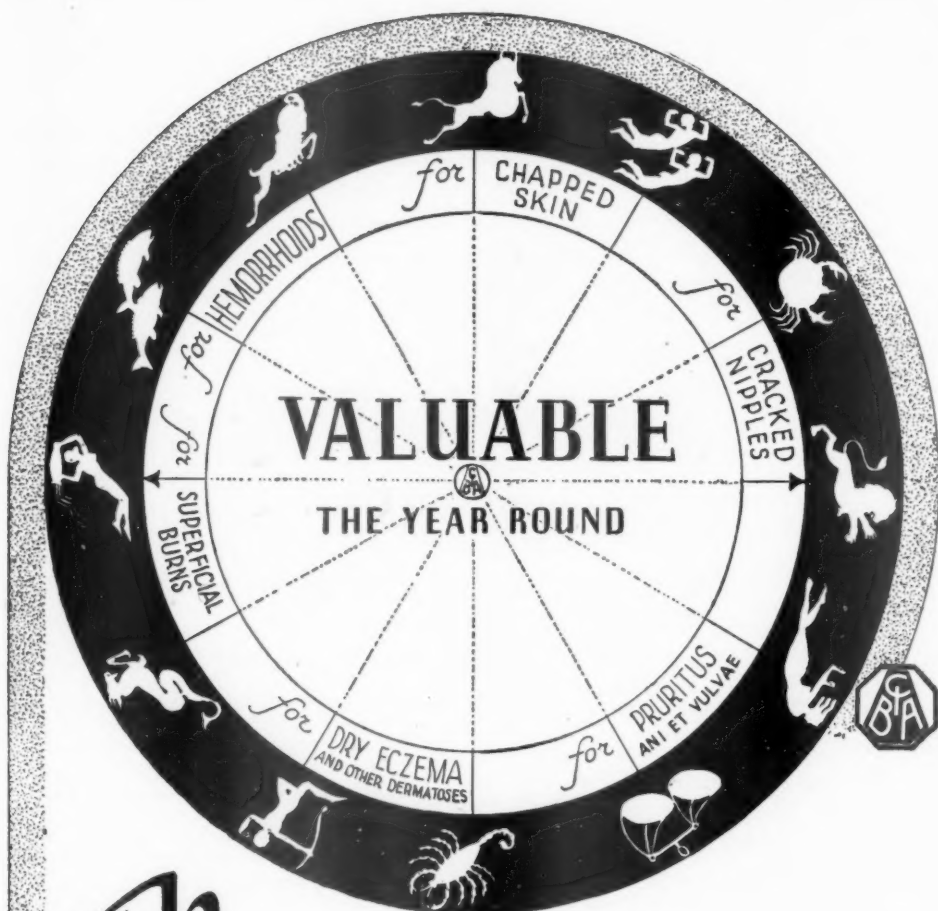
CORINNE ROUSSEAU: When you were in Metropolitan Hospital (New York City) in 1914-15 we knew you would make good on the stage. Have not heard of or from you in a long time. We would all like to know how things are going. Please write Sara Linney Linderman at the same old address.

MARGARET OLENDORF: Don't look now, but it's me. Lost your address and would be more than pleased to have you write me since it is impossible for me to reach you under the circumstances. Jacqueline Lackland.

PAULINE REED: The situation at the hospital is all cleared up. Know you would like it here now. Please come back and join us again. We miss you. Marie.

STELLA SMITH ROGERS: I know you can't get in touch with me. Watch this page next month. I'll have some interesting news for you. Jean.

ISABEL HEMINGWAY: Graduated Blockley Hospital, Philadelphia, in '30 or '31. The Chinese pajamas are all worn out. How about another pair? It's an age since I heard from you. Come on—loosen up and write! Let me know where you are. For the moment address me c/o R.N. They have my address and will forward all mail to me unopened. May S.



Nupercainal "Ciba"

the Soothing, Antipruritic Ointment
with Prolonged Local Anesthetic Action

Widely used by the profession during the sunburn season, NUPERCAINAL, "Ciba," also finds physician favor throughout the autumn, winter, and spring. NUPERCAINAL offers prolonged local anesthetic action for speedy relief in a wide variety of cases. Relief of pain and itching is of many hours duration in the treatment of hemorrhoids, superficial burns, pruritus ani et vulvae, cracked nipples; in ulcers, decubitus, dry eczema and other skin conditions.

In one ounce tubes and one pound tins
at all pharmacists

Send For Generous Sample Tube



CIBA PHARMACEUTICAL PRODUCTS Inc., Summit, N. J.

12,000 A Year

(Continued from page 25)

libraries. As a result nearly 2,000 libraries have on their shelves a 32-page booklet "The Story of the New Mother's Day" and a 178-page volume "The Maternity Handbook." The major appeal of the 1935 campaign was again directed, however, toward the men of the country, and invitations to mass meetings for men were sent out through various types of community organizations.

The 1936 and 1937 campaigns emphasized some of the major points brought out in previous campaigns.

BUT WHAT OF THE FUTURE?

That, briefly, is what one organization is doing to cut the murderously high maternal death rate in America. But while one group can do an excellent, inspiring job it can never hope to accomplish its aims single-handed. The work is too broad in scope—it needs the cooperation of every nurse and doctor, every public-spirited organization in America, in conducting an educational campaign which will replace the whispered taboos and outworn, cruel customs with new, practical information

which will give mother and child an infinitely better chance to live—and to enjoy living.

The entire situation in present-day maternity care is well summed up in the latest report of the association:

"We stand today as a nation where we stood twenty years ago, with the rate more than twice as high as it should be. Many women have *poor* care; many have *no* care; very few have *adequate* care. In the light of this situation, it is obvious that individuals have failed to provide for themselves the services that are necessary for adequate maternity care, and communities have not yet assumed the responsibility of providing it for them . . .

"No one plan for safe maternity care will fit the varied needs of the communities that make up the United States. The first requisite is a thorough study of the maternity facilities in each community, an appraisal of their effectiveness, and the development of a local plan of action which will remedy faults and supply services which are lacking. These services, to be effective, must be under the supervision of competent, experienced obstetricians.

"The second requisite is the coordination of all health, social and recreational resources of every community to meet the needs of each individual patient.

"The third requisite is for ample funds to care for every expectant mother. Dr. Thomas Parran, Jr., Surgeon General, United States Public Health Service . . . advocated that good maternity care be provided as a public service to all mothers in this country."

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The smartest dress and duty shoes are fashioned of white LEVOR kidskin . . . the world's best-selling white leather. Try on a pair of white LEVOR kidskin shoes the next time you enter a shoe store. You'll love them! Easy on the foot and easy to keep clean! In all popularly-priced, nationally-known brands.

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The *NURSE* stands between the Doctor and the Patient

—always ready to support the doctor on the one side and to comfort the patient on the other. No wonder, then, that the Nurse, busy from morn to night, is delighted when the physician, in ordering "*prolonged moist heat*," prescribes

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Constant poulticing by old-time methods is now no longer necessary. A great time- and labor-saver, Antiphlogistine has become the Nursing Profession's "right-hand" in a host of emergencies!

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Fly to Success

(Continued from page 15)

click in beside the windows and have real linen, china, silver, etc. In the day planes, where the runs are shorter and there is not so much time, paper equipment is used. The sleepers run on the overnight transcontinental trips from coast to coast.

Dear Nurse:

If you are in a doctor's office you can make your work easier and more satisfactory by coming to us or asking the doctor to do so for all Stationery, Printing, Office Forms, History Forms, Bookkeeping Records, Files, Supplies, etc. You can save the doctor money too because our prices are the lowest. Send for samples and complete catalogue. No obligation.

Professional Printing Co.

America's Largest Printers to the Professions
103 Lafayette St., New York, N. Y.

P.S.: Right now, remind the doctor to send Greeting Cards to his patients at Christmas time. Our cards are made especially for the Profession. You can use them too. Actual samples and full details free.

THE SHIP TAKES OFF

A short run down the concrete runway and the ship is in the air before those on board are fully aware of the fact. Immediately a great change takes place. Buildings and automobiles look like toys. As the plane gains altitude the range of vision becomes extended over a wide territory. Fields, each a different hue in the sunlight, resemble grandmother's patchwork quilts. A passenger asks the name of the river which a moment before seemed wide and troublesome but now looks like a silver ribbon winding toward the distant horizon. Fast-moving automobiles appear to be crawling along at a snail's pace. Despite the high speed of the plane the sensation of flying hardly exists, since there are no stationary objects to whiz past. One merely gets the idea of floating lazily along.

On the sleeper planes the stewardess must make up berths for fourteen passengers, and the hospital training in bed-making comes in very handy. Supper is served before midnight, and breakfast must be ready when the passenger awakes in the morning.

And how some passengers can sleep!



Every day that

healthful ride... even though...

Prescribe a safe and long tested

ANTISPASMODIC AND SEDATIVE

HAYDEN'S VIBURNUM COMPOUND

NO NARCOTICS... NO HYPNOTICS

Indicated not only in general medicine but
also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Nurses

NEW YORK PHARMACEUTICAL CO.

BEDFORD SPRINGS

BEDFORD, MASS.

HVC



No need to see the man seated near the ash tray. You know the type. The nervous sales-manager or promotion head. Day after day, driving for new business. Jumpy, a floor pacer, a finger drummer. And constantly, dull, maddening headaches. For him, rest, relaxation and a general let-down in business activity. What, he asks, for relief from his headaches?

Sincerely, we suggest Bromo-Seltzer. Its synergistic combination provides maximum pain relief with minimum dosage. Bromo-Seltzer also gently stimulates the higher centers. Citrates give sparkling palatability and alkalization to combat gastric hyperacidity.

You can recommend Bromo-Seltzer with every confidence in its ability to quell any pain of nerve origin, efficiently and safely.

Samples and literature upon request.

EMERSON DRUG COMPANY
BALTIMORE - MARYLAND



One of the chief worries of the airlines at the present time is the disturbance caused by snoring in planes. The cabin is so quiet that a real good snore is audible throughout the entire plane.

Because of the tendency of passengers to sleep long past the usual hour for awakening, sometimes the serving of breakfast offers problems. Some weeks ago breakfasts were placed on a plane at El Paso at 7 A.M. None of the passengers were out of bed when the plane arrived at Fort Worth at 10 o'clock, so a fresh supply of food was placed on board. At Memphis lunch was taken on, but five of the passengers were still in bed and had not had breakfast!

WHEN NURSING TRAINING IS HELPFUL

Nursing training comes in handy so often that it is hard to remember all the times. Many elderly men and women go to the South or Southwest for the winter. One woman was so ill with arthritis that she could hardly move, but the stewardess knew just how to make her comfortable and was of invaluable service. Another passenger cut the fleshy part of his thumb while closing a suitcase. He was traveling from Newark to Los Angeles, and it kept bothering him and kept getting worse and worse. The stewardess treated it properly and had a doctor waiting at the Los Angeles airport when the man arrived. The

doctor said that blood poisoning had started and that the stewardess' good work quite probably had saved the man's hand.

Children frequently ride in planes, and of course receive special care and attention. We see that the correct formula is prepared for the baby, and he receives the other services a baby needs. When passengers become ill en route—or a blessed event seems imminent—we radio ahead to the next landing field to have an ambulance and doctors ready and we try to make the patient as comfortable as possible in the meantime.

And it seems that nursing and reports go hand in hand, for even stewardesses do not escape reports. A trip report covering unusual weather, detours, comments and suggestions made by passengers and reactions of passengers to the flight is mailed to headquarters and put on file. At the completion of the trip the stewardess goes to the hotel and her time is her own until an hour prior to departure the following day. Back again at the base station the stewardess has from one to two days off.

THRILLING? THAT DEPENDS —

We are often asked about our thrilling experiences, but since traveling by air is a safe, restful and fast means of communication, thrills and experiences

Best for Baby Chafing
B.T.A.

Prevent—or if chafing does occur—prescribe B. T. A. Unguentum. Soothing and effective in application. Available in 1 and 4 oz. jars.

• Clinical sample on request •

B. T. A. PHARMACAL CO. • 185 Madison Ave., N. Y.

of the storybook type are non-existent. However, there is no greater thrill than pioneering in a new field which is fast becoming the leading mode of transportation throughout the world. Although aviation has reached the point where it has become a dependable means of transportation, it has not and never will lose its distinction in grandeur and splendor. We get a thrill, if one wishes to call it that, every time we walk up the gang-plank and enter the spacious, well-appointed cabin of one of these modern liners.

As we pass up and down the aisle, passengers want to know the points of interest of the ever-changing terrain below. While we answer a question, adjust a chair, or serve a full-course chicken dinner, we notice little wisps of fluff flashing past the window with lightning rapidity. Ahead the clouds thicken, a column of fleece drifts on the soft breeze. Suddenly the earth and all man-made objects are blotted out. There is a moment of impaired vision as the ship races swiftly through this all-enveloping mass, and as suddenly as the plane entered it emerges above the rolling banks, with wide silver wings gleaming in the sun. Below row after row of clouds stretch out in never-ending chain.

To those who wish the information we explain about radio, instrument flying, and the rules and regulations of flight. With his mind at peace as to his safety the passenger is ready to enjoy this experience as much as that of seeing the earthly objects below him. Flying high above the crest of these clouds gives one the feeling of untold happiness. Worries, cares and troubles are forgotten as one looks out on a fairy world of peaceful white cloud formations which in all their splendor suggest restfulness. One enjoys the loss of contact with the

More Satisfied Patients with these Schoonmaker Preparations

**Quick and comforting relief
brings good will for you.**



**For Head Cold Sneezes
and Sniffles**

ZYL

Unguentum Eucalypti
Compositum cum Ephedrinum

**For Nasal Congestion
and Irritation**

V-E-M

Unguentum Eucalypti
Compositum

**For Minor Rectal
Irritations and Pruritis**

SUAVINOL

Balsamic Ointment

Send for samples today on professional stationery

Schoonmaker Laboratories, Inc.
CALDWELL, NEW JERSEY

Makers for 20 years of fine mucous membrane ointments with convenient applicators

outside world and seems to be moving in a world far away. Thrilling? Not in the sense most persons think our work to be, but with a meaning deeper than thrilling to the stewardess.

Any feeling of monotony the stewardess might have is broken by the persons with whom she comes in contact. Celebrities frequently travel by air, but more often the passenger is a business man or woman. No other industry draws such a distinguished clientele. We even have our share of confirmed bridge addicts. The story is told of one passenger who played bridge from Los Angeles to Phoenix, his original destination. When he got to Phoenix he purchased another ticket so that he could finish the game!

This work offers the nurse the opportunity to work in the most beautiful and pleasant of surroundings, with the finest type of people. If she likes to travel this work offers excellent opportunities.

In addition she may have the chance to do sales promotional work, public speaking, or executive work of various types. We play a part in current events, as in the recent flood disasters and the Texas school explosion, when a number of girls were sent out to offer their nursing services, permitting them to see and take an active part in an event of a type which, fortunately, occurs seldom.

And of course there are other opportunities—matrimonial. Almost all stewardesses marry sooner or later—frequently sooner. In one week this year six stewardesses from our organization announced their engagements. Comparatively few stewardesses marry passengers, most of them marrying pilots or traffic men from within their own companies. And since most stewardesses resign when they are married the airlines are constantly on the lookout for new stewardesses.

It Will Happen Here—Unless—

(Continued from page 19)

Sickness insurance campaigners go so far as to say that if the system were adopted in the United States, 95% of all non-agricultural employees would be herded together under its provisions. The private practice of nursing, except among farm workers and the well-to-do,

might therefore be expected to do a quick fade-out.

HOW THE PROPOSED NATIONAL BILL WOULD AFFECT YOU

Suppose we now examine the proposed national bill, word for word.

● PINEOLEUM, for more than 30 years, has been recommended by physicians for treatment of rhinitis and acute coryza. Now in 3 forms: Pineoleum, Pineoleum with Ephedrine and Pineoleum Ephedrine Jelly. Samples will be sent upon request.

THE PINEOLEUM COMPANY
16 Bridge Street, New York City

How do its provisions affect the nurse specifically?

To begin with, lay domination is assured. The bill provides for a federal health insurance board consisting of three men. There is nothing to indicate that any member of this directorate would have the slightest interest in the aims and objectives of the profession of nursing.

The act would enable the board "to make all such rules and regulations as may be required for the administration and enforcement of this act, and to amend and modify any of its rules and regulations as it may find necessary or desirable." What price freedom and liberty under those conditions!

The nurse could be told where to practice, how to practice, and what hours to observe. Politicians, seated on the public money bag, would crack the whip. Appointments to all worthwhile positions would obviously be made on the basis of political influence.

How the nurse would be remunerated is by no means clear. Three possible modes are suggested in the bill, but it adds that "any combination or modification of the system as stipulated" may be adopted. If a nurse were unwilling to submit to the schedule of fees provided, she would be led politely but firmly to the nearest exit.

"Controversies with respect to . . . the remuneration of those furnishing medical benefits, the adequacy, quality, and extent of the medical benefits," says the bill, "shall be determined by a local public officer." After a hearing on written charges, moreover, any "person or agency from the list of those who have agreed or with whom arrangements have been made to furnish medical benefits" (the nurse included) may be removed by the laymen in charge.

Show Mothers This NEW WAY TO END UNPLEASANT DIAPER WASHING



ITS done with Dennison Babypads, the safe, sanitary diaper lining. Made of special, downy-soft new material, they are light, strong when wet or dry, and just right in size and shape. • Simply place a Babypad on the cloth diaper. Remove when soiled and flush away. Use a fresh Babypad every time the diaper is changed. This is the easy way to end all disagreeable diaper care—at a cost of only 3c a day!

• Babypads also bring comfort to baby, for they protect the tender skin from the common causes of diaper rash. Enthusiastically recommended by nurses, doctors, and hospitals everywhere.

Dennison's BABYPADS

THE NEW
SANITARY DIAPER LINING

Accept This Full-
Sized Package of
**50 DENNISON
BABYPADS**
FREE
Use coupon



DENNISON'S, Dept. BK-278, Framingham, Mass.

Please send me free a full-sized package
of Dennison's Babypads. I prefer:

☐ Triangular fold ☐ Oblong fold

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Street _____

City _____ State _____

Would the patient still enjoy free choice of nurse under a sickness insurance scheme? She would not. Her nurse would be assigned her by the government.

Would the close relationship which now exists between nurse and patient still be possible? Again, no. The patient could scarcely be expected to place the same friendly confidence in a nurse detailed to her case by the local health insurance board as in one she had engaged herself.

If foreign experience is any criterion, the nurse in this country would have little incentive to do her best work under a system of socialized medicine. Compensation would be low. The competitive element would be largely lacking. And if too much initiative were shown, it might invoke the ire of her politically conscious and therefore jealous superiors.

Dr. Ulysse Forget, a French physician, has stated that under health insurance in France, "our daily duties are as follows: 50% red tape, 35% automobile driving, 15% medical." Nor is there any reason to suppose that the nurse would fare better than the physician. Under health insurance in this country, the nurse would be obliged to spend as much time filling out records, and reports as attending to the patient.

The American nurse has made a substantial investment in her training and education — often at the cost of the simple comforts of life. Yet she does not regret her expenditure of money any more than she regrets giving the best years of her life to her work. Her real anxiety at the present time is caused by the fear that she may not be able much longer to practice her profession in conformity with those democratic ideals which she has been reared to believe in.

DOLLARS AND SENSE

The average English physician with a health insurance panel receives a net income, after taxes and deductions, of about \$1,500 a year. The American physician's income is almost triple that. Nursing fees, often inadequate under private practice, would be hopelessly low under a federal health insurance system.

The fund for the support of the system proposed in this country would be made up of contributions from insured employees, their employers, and the state. In other words, the purpose behind the proposed sickness insurance act is to provide a federal subsidy to states which pass health insurance laws patterned after the national law.

No less an enthusiast for socialized medicine than Michael M. Davis, of the Julius Rosenwald Fund, has admitted that "in proportion as people find

Refreshing!



When fever fags the patient, and rooms grow stale, "4711" Eau de Cologne brings a welcome freshness to both. Applied to the brow or temples, sprayed about the room, or burned in a saucer it invigorates both patient and nurse. Ill or well, women and men throughout the world have held the immaculate aura of "4711" Classic Eau de Cologne to be an essential of good taste for nearly a century and a half.



A FULL LINE OF TOILETRIES FROM BATH TO BOUDOIR

FERD. MULHENS, INC., 25 WEST 45TH STREET, NEW YORK

it hard to pay their sickness bills, so the incomes of doctors, dentists, hospitals, and nurses, are unstable and insufficient." Yet it is estimated reliably that adequate medical care, sponsored by the government, would cost at least 10% of the national payroll. On that basis the people, as taxpayers, would unquestionably find it "hard to pay their sickness bills."

The health insurance bill introduced in the Senate provides that Congress shall appropriate *annually* the sum of \$200,000,000 to be apportioned among the states to *aid* them in maintaining adequate systems for insuring health. Note that this is an annual appropriation and that it would by no means cover the entire cost. The states would have to match federal funds, and would no doubt be called upon in addition to absorb any deficits incurred. Even in this day and age of million—and billion-dollar expenditures, the operating cost of a national health insurance system would make people sit up and take notice.

And where would the money come from?

Every man, woman, and child in the United States is said to bear a tax burden of \$100 a year (and the average family head has 4.1 persons in his family). The economic imbalance which would result from attempting to support a sickness insurance system on top of this can readily be imagined.

Under the proposed American insurance system, the employee would first pay a tax on his salary. He would then pay a higher price for everything he bought, since employers would have to raise retail prices to absorb the tax levied on them. In addition, the employee, as a taxpayer, would have to pay his share of the contribution made by



YOUR *Abilities*

Are you using your abilities to the best advantage? Have you a position in which you can use your abilities to the best advantage, or are you unable to find "just the right position" for which you are trained?

Would you take that special position now if it were offered to you?

Leading hospitals and institutions throughout the country need nurses and dietitians. They have called on us, as the oldest exclusively medical placement bureau, to furnish them with qualified candidates.

We offer you your chance to secure the position you want and are qualified to fill. Grasp the opportunity NOW. Write us for registration blanks today!

Pioneers in

Medical Placement . . . Established 1896

AZNOE'S

Central Registry for Nurses
30 No. Michigan Avenue, Chicago, Ill.

the state. Thus, double taxation is apparent all along the line.

Judging from foreign examples, it would be necessary to maintain an administrative system whose personnel equaled or outnumbered the total of professional people employed. Even in England, where compulsory health insurance operates on a relatively simple scale, more money is spent on administration than on the actual provision of medical care. Furthermore, more persons are employed to administer the system than there are practitioners.

The administrative cost of a health insurance set-up cannot be compared with that of, say, an old-age pension plan. To receive old-age benefits, the insured must have attained the age of 65; while under socialized medicine he can demand benefits as often as he wants, every year. Whenever this is done it

means that a record has to be made, certification becomes necessary, benefits have to be paid, extensive bookkeeping is required, and correspondence must be entered into. Multiply this detail by the number of times it becomes necessary for each patient and by the millions of patients insured, and some idea may be had of why the administrative expenses under health insurance are so tremendous.

Despite unfavorable European experience with cash benefits, such benefits would be paid under the proposed American plan. According to the terms of the bill before Congress, an employee making \$30 a week would pay in exactly one third as much as the \$60-a-week employee. Yet both would receive the same amount of cash benefits.

One of the most glaring deficiencies in both the federal and state sickness insurance bills is that they make no attempt to solve the problem of supplying medical care to the indigent. Even after helping shoulder the gigantic cost of a socialized system, nurses would still be obliged to share the responsibility of giving free services to those unable to pay.

The history of socialized health schemes in other countries proves beyond question their tendency to expand with the passage of time. Even here, where unemployment insurance and old-age pensions are in their infancy, the demand is being made that their scope be broadened.

TWO PARAMOUNT CONSIDERATIONS

Two paramount considerations should govern any change in the *status quo* of American medicine — namely, morbidity rates and mortality rates. The record in England, under health insurance, compares quite unfavorably



MEDICATED WAFERS

Doubly Helpful for
LEUKORRHEA

First, curb discharge by astringent, styptic action. Second, soothe irritated mucous membrane, relieve congestion, thus rendering office applications more effective. One Wafer high up in vagina after douche.



Micaiah Medicated Wafers, prescribed and dispensed by medical profession for many years, are advertised to physicians exclusively. Have you tried them?

Free samples on request.

MICAJAH & COMPANY

267 Conewango Avenue, Warren, Pa.

with the record in this country, under private practice.

The insured English workman is disabled for at least ten days a year. American industrial workers, on the other hand, lose an average of only about six and a half days a year on account of illness.

English mortality rates are equally discouraging. In a recent ten-year period, the death rate in this country declined 21%. During the corresponding period in England, it declined only 10%. Thus, our mortality experience has been at least 100% better than that recorded in the British Isles.

"Adequate medical care for everybody at a price within reach" — that is the alleged goal of would-be socializers. Private practice need not be scrapped in order to achieve this aim. What we need today is wider application of the principle of making it easier for people to pay their medical bills. This principle is reflected in budgeting plans which are now being adopted by the medical profession from coast to coast.

Admitting the drawbacks of socialized nursing, what can be done to thwart the adoption of such a scheme in the United States?

There are at the present time about 1,000,000 nurses, physicians, dentists, druggists, and pharmaceutical houses in this country. By working together, these groups have it in their power to block legislation which would be detrimental to the public and the profession alike.

Remember this: The question of socialized medicine will be decided *by the public*. It will not be decided by the nurses or physicians. The ability of the healing professions to sway this decision is in direct ratio to the number of people whose views they can influence.

By means of newspaper and radio

Fat Free...YET LIKE BUTTER AT ITS BEST



35c OFF to NURSES
REGULAR PRICE 85c
YOUR COST ONLY 50c
IF MAILED WITH THIS AD.

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GOLDEN SPREAD

A FULL sized tub of this delicious non-fattening butter substitute sent to nurses for only 50 cents (postage prepaid). Write your name and address on the margin of advertisement and mail with payment, for your tub of Lister's Golden Spread, to:

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41 E. 42nd St.

New York, N. Y.

publicity, by legislative activity, by contact with influential laymen, by the dissemination of printed literature, and by professional chats with patients during the course of everyday work the nurse and her allies in the other professions can exert a powerful influence on public opinion.

Socialized medicine is no idle bugaboo. It *will* happen here unless we unite to prevent it!

*The proposed national and state health insurance acts are both outgrowths of the so-called "Model Health Insurance Bill." The latter was prepared three years ago by Professor Herman Gray, of New York University, and has been promoted ever since by the pink-hued American Association for Social Security.

Make Up and Live

(Continued from page 21)

to recognize my voice. One day, after she had evidently grown used to having me around and learned to depend on me, I rearranged her hair becomingly, gave her a facial, and made her up lightly. "How lovely you look!" I exclaimed as I handed her a mirror. For the first time since she had been in the hospital she smiled, and it was a smile of genuine pleasure.

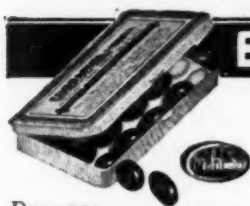
Others, such as the manics, are often much more easily handled if they know they look well. Often when I want a difficult patient to do something which I am fairly sure she will refuse to do if I simply request it, I tell her first that she looks unusually well—and I usually get the task performed.

But keeping the patient clean and well cared for is a part of every nurse's duty, whether she is in a psychiatric hospital,

a general hospital, a sanitarium or doing private duty. As part of her training she is taught how to care for the patient's hair and skin and how to make her as attractive as possible, for the nurse knows that after the patient is out of pain nine-tenths of the process of getting well is feeling that one is looking more nearly normal. Some nurses have a knack of making up their patients—and how pleased a patient is when a visitor says with sincerity, "You certainly are looking fine!"

Frequently the patient will prefer to do her own make-up, which is an excellent idea in many ways. It gives the patient a pleasant way to kill some of the long hours of convalescence, a facial or massage is good for the skin, particularly in fever patients, and the other

(Continued on page 48)



ERGOAPIOL (SMITH)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

Dosage:

1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules.

Literature on request.

MARTIN H. SMITH CO. • 152 Lafayette Street • New York, N. Y.

Interesting Products

The paragraphs below are in a sense an abstract of current literature and samples available to registered nurses by commercial houses. They are listed here as a service to our readers. In writing to these concerns it will be to your advantage to stress the fact that you are a registered nurse and a regular reader of R.N.

—Managing Editor.

GLYCO-THYMOLINE: An alkaline antiseptic indicated in conditions involving inflammatory conditions of the mucosa. It is suggested that the action of this product tends to deplete the congested tissues, accelerate capillary circulation, and purge the mucous membrane so as to restore it to normal condition and allay inflammation. This product has many uses and has an exceptionally interesting background. A sample together with complete literature covering its many uses will be sent to all registered nurses who address Kress & Owen Company, 361 Pearl Street, New York City.

HVC: An antispasmodic and sedative used in obstetrical and gynecological cases. It is claimed that the product contains no narcotics, hypnotics or barbiturates and does not depress the heart, and therefore leaves no harmful after-effects. It has been used extensively in the treatment of dysmenorrhea and associated disorders. A sample will be sent to all registered nurses addressing New York Pharmaceutical Company, Bedford Springs, Mass.

BOST TOOTH PASTE: If smoking tends to discolor your teeth you will be interested in this new tooth paste which aids in removing tobacco stains from teeth. It has been approved by the Good Housekeeping Bureau of Standards. In addition to its ability to remove tobacco stains it is an excellent dentifrice. A sample tube will be sent to all registered nurses addressing Bost Tooth Paste, Dept. A., 480 Lexington Avenue, New York City.

MINIT-RUB: An external anodyne and counter-irritant. This product is indicated in painful conditions associated with strains; bruises; sore, stiff or aching muscles. Applied to the chest during colds and superficial throat congestion, it aids materially in maintaining increased circulation to these parts, giving marked relief. A generous sample will be mailed to registered nurses addressing Bristol-Myers Company, 630 Fifth Avenue, New York City.

PHILIP MORRIS CIGARETTES: Considerable scientific research has been done by the manufacturers of this cigarette. They have prepared a scientific treatise entitled "Influence of Hygroscopic Agents on Irritation from Cigarette Smoke." Nurses, due to their scientific training, will appreciate this piece of medical literature. Thousands of copies have already been distributed to the medical profession. For your copy address Dr. W. H. Greenwald, Research Director, Philip Morris & Company, Ltd., 119 Fifth Avenue, New York City.

MENNEN ANTISEPTIC OIL: Used by over 90% of all hospitals important in maternity work, for the daily body-rub in their nurseries, keeps babies definitely freer from skin rashes and infections; absolutely non-irritant. (Also useful in treatment of many adult skin conditions.) Its companion product, Mennen Antiseptic Borated Powder, continues the antiseptic protection of the oil. Free professional samples of both will be sent to all nurses addressing The Mennen Company, Newark, N. J.

Classified

Every one is looking for a better type of employment. It is a natural human trait. The difficult part is to know when and where that ideal job is waiting for you.

It is the desire of *R.N.* to take a decidedly active part in your search. We want to be the means of bringing you and the job together.

Each month—using our many facilities—we will list openings currently available. We will forward your letters of application to the interested persons. To further assist you we will *without charge* insert a four-line classified in which you can tell the world (our circulation is more than 100,000) about your qualifications and have the job seek you.

Naturally, space for this type of service is limited, so it will have to be a policy of "first come first served." To assist you in arranging your ad, figure six words to the line.

POSITIONS WANTED

ANESTHETIST: Age 28, Catholic; 4 months post-graduate training and 6 years anesthesia experience. Large city only, east of Mississippi River. Salary \$110, maintenance. R300-RN.

DIETITIAN: Age 34, Catholic, college graduate, 8 months post-graduate Michael Reese, Chicago; 8 years experience as chief dietitian; Salary \$100, maintenance; any desirable location. R302-RN.

PHYSIOTHERAPIST: Registered nurse, age 37; post-graduate physiotherapy Children's Hospital, Boston and Harvard Medical School; 13 years physiotherapy experience. Ohio location only; salary \$150 without maintenance. R303-RN.

RECORD LIBRARIAN: Age 26, single; 4 years experience in record department large hospital; member of Association of Record Librarians. Salary \$110, without maintenance. Chicago or vicinity only. R304-RN.

SOCIAL SERVICE: Age 45, registered nurse; several post-graduate courses in public health and social service work; 9 years experience as supervisor of field nurses, large city. Wants any desirable location; \$150 minimum. R305-RN.

SUPERVISOR: Miss C. Graduate of New England hospital 1932; ward teaching and management and practical nursing at Teachers' College, Columbia University, 1933, 1934, 1935. Vermont R.N.; has had experience as full charge nurse of hospital from 7 p.m. to 7 a.m. including supervision of deliveries and operating room. Age 28; Protestant; single; height five foot eight; weight 147 pounds; born in New England. E101-RN.

OPERATING ROOM SUPERVISOR: Miss M. Graduate of a large New York City hospital, 1929; Post Graduate work at Cook County Hospital in operating room; 8 years experience as Operating Room Supervisor; age 25; Catholic; single; height, five foot six and weighs 150 pounds; born in New England. Salary desired, \$135.00 and maintenance minimum. E102-RN.

SUPERVISOR: Miss M. Graduate of a large hospital in the Middle West, 1928; Post Graduate work in Operating Room in a large hospital in New York City; 8 years experience including night supervisor, operating room and general ward; age 29; Protestant; single; height five foot four; weight 134 pounds; born in the Middle West. Salary desired, \$110.00 to \$125.00 and maintenance. E103-RN.

PERSONNEL WORKER: Miss S. Graduate from a large New York City hospital, 1932; Post Graduate work at Bellevue Hospital; experience includes operating room supervisor; doctor's office, private duty, and clerical work in the production department of a large commercial firm in New England, also industrial nursing and personnel work with a large commercial organization in New York City. Salary expected \$150.00. E105-RN.

SUPERINTENDENT OF NURSES: Miss M. P. Graduate of a large New York hospital; some college work; ten years experience in a large hospital in New York City as Assistant Superintendent of Nurses, and two years as Superintendent of Nurses; N.Y.R.N.; age 48; Protestant; 125 pounds. Salary expected \$175.00 and maintenance. E106-RN.

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POSITIONS AVAILABLE

Anesthetists

GEORGIA: 200-bed general hospital; salary open to experienced anesthetist; very desirable. C400-RN.

NEW YORK CITY: 200 bed hospital; Salary \$155.00. E129-RN.

SOUTH: 30 bed hospital; \$100.00 and maintenance. E130-RN.

NEW ENGLAND: 60 bed hospital; act as Operating Room Supervisor and relieve the anaesthetist. \$100.00 and maintenance. E131-RN.

Assistant Superintendent of Nurses

NEW JERSEY: Degree preferred, some teaching responsibility; 300 bed general hospital, 70 students. \$150, maintenance. C406-RN.

Dietitians

CONNECTICUT: Assistant, 110 bed general hospital, training school; start \$50-\$60, maintenance. C407-RN.

IOWA: 80-bed general hospital, very desirable; \$70, maintenance. C408-RN.

MISSOURI: 250-bed psychiatric hospital, requires one with organization ability; \$100, maintenance. C409-RN.

TEXAS: 250-bed general hospital, salary open to experienced dietitian. C410-RN.

NEW ENGLAND HOSPITAL: Chief dietitian; 59 beds; Protestant; experience necessary; purchasing of all foods; planning menus for nurses, patients, and employees; management of kitchen help and general supervision. Salary open. E125-RN.

MIDDLE WEST: 150 bed hospital; degree and experience necessary. Salary open. E126-RN.

EASTERN HOSPITAL: 100 bed; no training school; colored help; Grade A hospital; experience necessary; member of A.D.A. Salary \$80.00 and maintenance, increase after six months. E127-RN.

EASTERN HOSPITAL: 225 bed; degree; member of A.D.A.; alternate week-ends off duty; supervise private trays; supervise diabetic clinic and instruct out patients. 3 weeks vacation after one year service. Salary \$80.00 and maintenance with private room and bath.

General Duty

CALIFORNIA: Assist emergency surgical work; small private hospital; \$90, laundry and meals. C418-RN.

COLORADO: 225-bed general hospital, every third month night duty; \$80, maintenance. C419-RN.

ILLINOIS: 100-bed general hospital, near Chicago; \$70, maintenance. C420-RN.

MICHIGAN: With operating room experience; 220-bed general hospital, \$70 to start, rapid increase; maintenance included. C422-RN.

WESTCHESTER COUNTY: Psychiatric experience; private hospital; 10 hour duty. \$85.00 and maintenance. E109-RN.

NEW JERSEY: Private hall; 160 bed hospital; 9 hour day; N.J.R.N. Salary \$90.00 and maintenance. E110-RN.

NEW YORK CITY: Surgical ward; small hospital; Salary \$76.00 and maintenance. E113-RN.

LONG ISLAND: Nights; 8 hour duty; Salary \$90.00. E114-RN.

Night Supervisors

CONNECTICUT: Assistant, some post-graduate work Obstetrics; \$90-\$100 maintenance; 110-bed general hospital. C433-RN.

NEW JERSEY: Assistant, some teaching ability, do follow-up ward work; \$85, maintenance; 270-bed general hospital. C435-RN.

NEW YORK CITY: 225 bed hospital; New York registration necessary. Salary \$100.00 and maintenance.

NEW JERSEY: 100 bed hospital; experience with students necessary; must be interested in teaching; experience in a small town hospital desired. Salary \$100 and maintenance. E119-RN.

Superintendent of Nurses

CALIFORNIA: Supervision of nurses, administrative work, and charge of all accounts; 17-bed private hospital; Salary open. C446-RN.

IOWA: 20-bed general hospital; one between 35-40 years; salary open. C447-RN.

NEW YORK CITY: Large hospital; degree and experience necessary. Salary good. E122-RN.

NEW YORK CITY: 100 bed hospital; within easy reach of all graduate staff. Salary \$150.00 and maintenance.

NEW YORK CITY: 90 bed hospital; all graduate staff. Salary \$150.00 with meals and laundry. E124-RN.

PHILADELPHIA: 500 bed hospital; training school; degree and experience necessary. Salary \$3,000. E116-RN.

Supervisors

ILLINOIS: Surgical, with post-graduate training to take complete charge of surgery and teaching; 200-bed general hospital; salary open. C448-RN.

ILLINOIS: Medical and surgical floor, 42 patients; 8-hour duty; \$80-\$85, maintenance; 155-bed general hospital. C449-RN.

IOWA: Obstetrical, take complete charge that department at night; 8-hour duty; 125-bed general hospital. Salary open. C450-RN.

KENTUCKY: Nursery, with post-graduate training to take complete charge and reorganization of department; 100-bed general hospital; salary open. C451-RN.

MICHIGAN: Obstetrical, post-graduate training and several years experience essential; \$110, maintenance; 130-bed general hospital. C452-RN.

RECEIVE

A JOURNAL

R.N.

FOR NURSES

REGULARLY

We wish we could reach ALL registered nurses each month with a copy of **R.N.** While our plans are extensive, they do not include ALL. There are more than 300,000 registered nurses in the country. It is our plan to produce each month 100,000 copies of **R.N.** This means that one out of every three nurses will be privileged to receive a copy. **THERE WILL BE NO SUBSCRIPTION CHARGE.**

This plan IS new to nursing. However, in Medicine there are three such journals, each having more than 120,000 circulation each month.

The Statement of Policy appearing on page 4 clearly outlines our plans. It is our belief that we can be unusually helpful in a definite, constructive way to the progress of nursing. In this we ask your assistance through both praise and criticism.

The attached card is for your convenience. Return it to make certain you receive **R.N.** regularly. The coupon below may be given to a friend. Names will be added to our mailing lists as rapidly as vacancies occur. **R.N.** will be sent ONLY to registered nurses. In requesting a subscription it is important to give training school and graduation year as well as the type of nursing engaged in.

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I am doing..... nursing.

Make Up and Live

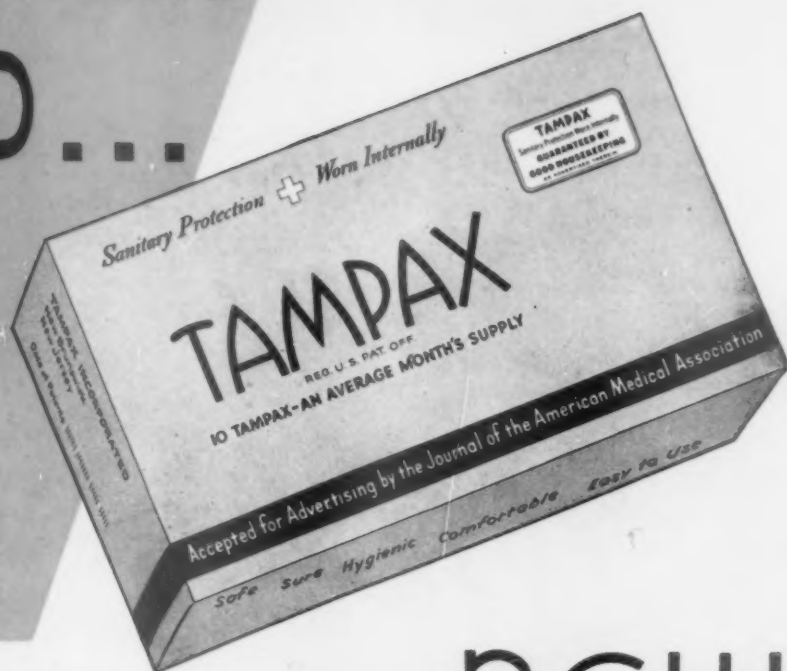
(Continued from page 44)

cosmetics are usually harmless to the skin and beneficial to the mental outlook. So many new and amusing ideas in beauty products have been introduced in the past decade—colored polishes for fingernails and toenails, new types of hand creams, eye lotions, shampoos and “masks” of various types that make the skin tingle with new life. Not to mention the dozens of seductive new perfumes in their trick bottles, guaranteed to gladden the eye and heart of any patient.

Many manufacturers now are putting up interesting and highly convenient small boxes of cosmetics which make admirable and lasting gifts for the patient who is surfeited with flowers and fruit. A gift of this kind may sometimes be the means of inducing the patient to take a new interest in her own appearance and in life in general. Beauty may be only skin deep, but the looks of that skin may mean the difference between existence and living. And in many cases it may be up to you to see that your patient makes up and lives.

EDITOR'S NOTE: *The subject of cosmetology is an interesting one to nurses. They are concerned with it not only for their own use, but for that of their friends and their patients. During training entirely too little time was made available for this subject. In subsequent issues it is our purpose to go further into the subject, taking up each item in cosmetology and giving to nurses the very latest advances in scientific research in this interesting field.*

SOMETHING OLD...



BUT SOMETHING NEW!

Every "R.N." is thoroughly familiar with the many uses of tampons in Surgery as well as Gynecology. However, TAMPAX (Menstrual Tampons) offer new features with an irresistible appeal. They are intended for use throughout the menstrual period. Made of long fibre surgical cotton, they are so constructed that they *can not* disintegrate. TAMPAX forms a soft comfortable pad where most effective. Can not irritate. Each TAMPAX is individually sealed in cellophane with an individual convenient applicator. Easy to insert, easy to remove and dispose of, so comfortable you are unaware of their presence. And—objectionable menstrual odor is eliminated.

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We will be glad to send to interested nurses a full-sized package of Tampax, together with a folder, giving more complete details. Tampax Incorporated, Dept. RN-1, New Brunswick, New Jersey.

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